ANNUAL REPORT

for the fiscal year
ending March 31, 1988

Nova Scotia Commission on Drug Dependency

90-05405/

The Honourable Joel R. Matheson, Q.C.
Minister in Charge of the Administration
of the Drug Dependency Act
Province of Nova Scotia

I have the honour of presenting the annual report of the Nova Scotia Commission on Drug Dependency for the year 1987–88. You are aware of the continuing demand for service on the various detox and short term treatment programs offered by the Commission. Again this year, Nova Scotians who suffer from various forms of substance abuse have found the help and counselling required for life style change, and the move from addiction to a chemical free life.

With the increased use of our facilities, comes increased stress on the staff of the Commission. I regret to report that we still are taxing the human resources of the N.S.C.O.D.D. to the maximum. While you, and the Government of the province have given continuing increases in budget requests, we still find that more staff are required to keep pace with work load.

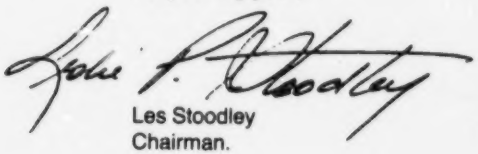
You will note that again this year the funds provided by Government for the work on the Commission have been spent in a manner which reflects the highest level of fiscal responsibility. The staff of the Commission, and in particular the Executive Director, Mr. Marvin Burke, have been most diligent in this area.

I do wish to point out Sir, that there are still several areas of special need in the field of drug dependency in Nova Scotia. There is a desperate need to provide service for the youth of the province who have become chemically dependent and on behalf of the Commission Board again request that all efforts be made by Government to bring about the establishment of an adolescent treatment centre.

I would also request that consideration be given for the re-location of the Metro Detox and Short Term Treatment Facility—from the grounds of the Nova Scotia Hospital, to an area more conducive for the treatment of the chemically dependent.

On behalf of the Commission Board, I extend to you Sir, our appreciation for the support of Government, and our continuing wish to support and advise you on matters relating to Drug Dependency.

Respectfully yours



Les Stoodley
Chairman.

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THE COMMISSION, REGIONAL BOARDS STAFF AND LOCAL COMMITTEES

Nova Scotia Commission on Drug Dependency

Les Stoodley Halifax	Chairperson
Jean Gray, M.D., F.R.C.T.(C) Halifax	Vice-Chairperson
Edwin G. Belzer, Ph.D. Halifax	
Fr. Vern Boutilier, A.C.S.W. Sydney	
Fr. John Graham, B.A. Reserve Mines	
James Magee Halifax	
Sandra Noah Yarmouth	
Jack Phinney Middleton	
Earle Reid, M.D. Halifax	
Neville Robinson, M.D. Dartmouth	
William Ross Taylor Halifax	
Kenneth C. Smith, M.Sc. Truro	
David Waterbury, Q.C. Kentville	

Nova Scotia Commission on Drug Dependency Staff

Marvin M. Burke, R.S.W.
Executive Director

Brian Wilbur, M.Ed.
Coordinator, Prevention and Community Education

Edward T. Fitzpatrick, B.A.
Coordinator, Employee Assistance Programs

Brigitte Neumann, M.A.
Coordinator, Documentation, Evaluation and Research

Gregory Johnstone, M.Sc.
Supervisor, Pharmacology Programs

Eleanor Cardoza, B.A.
Supervisor, Training Programs

Kevin MacPherson, M.A., B.S.Th.
Public Information Officer

Margaret Duncan, M.Ed.
Representative, School Services

Nancy Comeau, M.Ed.
Representative, School Services

Patricia MacNeil, B.A.
Librarian

Zane O'Brien, B.Comm.
Manager, Administrative Services

Administrative and Office Staff

Nancy Denney, Personnel Technician
Nancy Flam, Accounting Control Officer
Pearl Horne, Claims Clerk
Barbara Walker, General Office Clerk
Valerie Tingley
Darcell Cromwell

Susan Simpson
Tanga Roche
Jean Hood

Cape Breton Regional Advisory Board Members

Fr. John Graham, B.A. — Chairperson
Reserve Mines

Rev. Melvin Findlay — Vice-Chairperson
Sydney

Fr. John Webb, M.S.W.
Sydney

Mr. Jack Hicks
St. Peters

Rev. Duncan Roach
New Waterford

Fr. Hugh D. MacDonald
Arichat

Dr. Ken Murray
Neil's Harbour

Mrs. Mary MacIsaac
North Sydney

Mrs. Kathleen MacLeod
Baddeck

Mr. Sheldon Brown
Glace Bay

Mr. Herbert Stevens
Glace Bay

Lisette Chaisson
Grand Etang

Mr. Robert Winship
Sydney Mines

Mr. Daniel Hanham
Louisbourg

Mr. John McIntosh
Glace Bay

Mr. Malcolm Marsh
Glace Bay

Cape Breton Regional Staff

Wayne M. Yorke, M.A., C.A.G.S.
Regional Co-Ordinator

Claire Nyiti, M.S.W.
Manager of Treatment Services

Stan MacDougall, M.S.W.
Field Representative, Employee Assistance Program

Kathy Hartigan, B.E.D., M.Sc.
Field Representative, Prevention and Community Education

Ruth Harvey Morrison, B.Sc. (Honors)
Research Assistant

David MacAskill
Supervisor of Operations

Administrative & Office Staff

SECRETARIES:
Helen Lothier
Michelle Dockrill
Isabel MacPherson—Stores Supervisor/Accounting Clerk
Jean Churney

Detoxification Unit

NURSES:
Dorothy Morrison—Head Nurse
Clara Hillier—Diploma
Geralda Corbett—R.N.
Beatrice MacRury—R.N.
Leona Hickey—R.N.
Kathleen MacNeil—R.N.
Frances MacIsaac—R.N.

Relief Nurses:
Margaret Wiseman—R.N.
Ann Marie MacKinnon—R.N.
Kathy Peters—R.N.

Counsellor Attendants:
Brian Brewer
Stephen MacKinnon
Kevin Parsons
Joseph Smith
Arthur Jackson

Relief Counsellor Attendants:
Erwin Best
Kenneth Lothier
William Scott
John Yipp

Ward Clerk:
Victoria Radzikowski

Dietary:
Eileen Boutilier—Cook
Rita Bates—Cook
Eileen Lyle
Shirley Fraser
Myrtle MacGillivary
Phillip Cogswell

Housekeeping:
Jean Matheson
Rosslyn Muise
Trudy Waye

Maintenance:
Owen Hedd
Robert Chase

Out-Patient Department

Clinical Therapists:
Meliton MacNeil, M.S.W.
Garth Nathanson, M.Sc.
Maureen MacDonald, M.A.

Community Health Workers:
Russell Aucoin
Donald MacNeil

Garnet Marsh
Emily MacKenzie
Allister MacKinnon
Bert Doucette

Residential Rehabilitation Program

Clinical Therapist:
Eileen MacNeil, M.S.W.

Counsellor/Attendant:
Alexander MacDonald

Half-Way House

Manager:
Gerry Carew

Counsellor Attendants:
Earl Budden
George Parsons
Kevin MacNamara

Talbot House

Director:
Rev. Bernard MacDonald

Assistant Director:
Frank MacLellan

Clinical Therapist:
Nancy Beaton, B.A.

Nurse:
Jane Murphy, R.N.

Counsellor Attendants:
David MacInnis
John Stapleton

Life Skills Counsellor:
Joe MacMullin

Cook:
Kay Gouthro

North Shore Regional Advisory Board Members

Mr. Ken Smith, M.Sc.
Belmont — Chairperson

Mr. David Mason
Truro — Vice-Chairperson

Mr. Stillman Smith, B.Ed.
Antigonish

Mr. Stan Chisholm
Stellarton

Fr. Kyte Gillis, B.Ed., S.T.B.
Pictou

Dr. Robert Cooper, M.D., C.M.
Pictou

Mr. James W. Gilbert
Springhill

Mr. Gary Copeland
Springhill

Ms. Farida Blacklock
River John

Mr. Grant Forbes
Trenton

Ms. Katherine Williams, R.N., C.H.N.
Guysborough

Mr. Raymond J. MacKinnon, B.Ed.
Antigonish

North Shore Regional Staff

Donald J. MacDonald, M.A.
Regional Coordinator

Robert MacDonald, M.S.W.
Manager, Treatment Services

Gordon Thompson
Supervisor of Operations

Cheryl Campbell, B.A.
Research Assistant

Elizabeth Wilsack, R.N.
Head Nurse

Primary Care Services

Nurse Rehabilitation Counsellors
Alberta Dunbar, R.N. (L.T.D.)
Helen McLeod, R.N.
Joan MacDonald-Paquet, R.N.
Josephine L. Murray, R.N.
Helen Robinson, R.N.

Counsellor Attendants
Olive Hendrican, C.N.A.
G. William Morrell
Vernon Carrigan
Anthony Law
Gary Tobacco

Administrative and Office Staff

Clerical
Marie Sweet
Secretary

Dawn Sutherland
Stenographer

Gail MacDonald
Ward Clerk

Dietary
Denise MacDonald
Juliette Marks (L.T.D.)
Isabelle Green

Housekeeping
Mildred Bourgeois
Eva MacKaracher

Maintenance
Donald MacAulay (L.T.D.)
Roderick MacIsaac
Ronald Robinson

Outpatient Centres

Ann MacLean, M.S.W.
Social Development Rehab. Officer

Richard Whitaker, B.A., M.Sc. (Psychol)
Social Development Rehab. Officer

Purvis Cameron
Health Care Caseworker

Baxter Steeves
Health Care Caseworker

Trudy Cox, M.S.W.
Social Development Rehab. Officer

Sandy Woodworth
Health Care Caseworker

Stena Cook
Secretary, Truro

Nelda Armour, M.S.W.
Social Development Rehab. Officer

Walter MacMillan
Health Care Caseworker

Delia MacChesney
Secretary, Antigonish

Donald S. Coombes, B.A.
Social Development Rehab. Officer

Joseph MacLean
Health Care Caseworker

Edith Cole
Secretary, Amherst

Metropolitan/Lunenburg Regional Advisory Board Members

James Magee Halifax	Chairperson
Neville Robinson, M.D. Dartmouth	Vice-Chairperson and Chairperson, Treatment Standards Committee
Sam Waye Head of Jeddore	Chairperson, Education Committee
Hope Beanlands, R.N., B.N. Halifax	
Cyril Sampson Halifax	
Alf Nielsen Head of Chezzetcook	
Sarah Neish Dartmouth	
Heather Weld, B.Ed. Halifax	
Barbara Prime Walker Halifax	
Martin Cummings Dartmouth	
Orest Ulan, B.A. Halifax	
Trudy Johnson Lunenburg County	
Barbara Lavigueur Enfield	
Rev. Dennis Andrews Halifax	

Kenneth Paul
Halifax

Metropolitan/Lunenburg Regional Staff

R. Joseph Power, M.S.W.
Regional Coordinator

Tom Payette, M.S.W.
Casework Supervisor

David MacDonald, B.A.
Research Assistant

Annette Chipman, R.N.
Head Nurse

Lloyd Stone
Outpatient Department

Samuel Rendell
Program Administrative Officer

Chris Cassell
Accountant/Office Manager

Heather Farwell, R.N.
Treatment Orientation Program (5-Day)

Karl Hall, B.S.W.
Residential Rehabilitation Program (28-Day)

Primary Care Services

Nurse Rehabilitation Counsellors:
Kathy Philip
Catherine Day
Bernice MacNeil
Jeanette Tobin
Theresa LeBlanc
Roberta Hayes
Colleen Phillips

Counsellor-Attendants:
Donald Smith
Thomas Baker
Blair Gallant
Ronald Tobin
Lester Fillatre
Dorothy MacDonald
Heather Jamieson
George Munroe
Florence D'Eon
Stephen Pringle

Administration and Office Staff
Clerical:
Connie Cogan, Secretary
Joy Gerhardt, Receptionist/Typist
Margaret Warnell, O.T. Assistant
Joan Swinimer, Ward Clerk

Housekeeping:
Myrtle MacPherson
Frances Baylis
Dorothy Langille
Ann Kane

Outpatient Centres

Sandy Anderson
Community Health Worker, Dartmouth

Bariff Williams
Assistant Head Nurse/Rehab. Counsellor, Dartmouth

Emilia Burchell, B.S.W.
Clinical Therapist, Halifax

Jeannette Dwyer, M.S.W.
Clinical Therapist, Halifax

Lynda MacKenzie
Secretary, Halifax

Carmel Jessome, R.N.
Assistant Head Nurse, Sackville

Paul Cashman
Clinical Therapist, Bridgewater

Margaret Kaulback
Secretary, Bridgewater

Gerry Metlin
Community Health Worker, Musquodoboit

Walter Perkins
Community Health Worker, Sheet Harbour

Gordon Power
Clinical Therapist, Spryfield

Tim Walker
Clinical Therapist, Musquodoboit

Valley Health Services Association
Crosbie Centre Advisory Council

Lloyd Murray — Chairperson
Centreville

David Waterbury — Vice-Chairperson
Kentville

Lydia Sorflaten
Bridgetown

John Thompson
Middleton

Rev. Harold Cox
Middleton

Jack Phinney
Middleton

Alan DeWolfe
Berwick

Dr. James Rafferty
Kentville

Rev. Neil Price
Wolfville

Dr. George Kenny
Windsor

Jim Keith
Berwick

Edna Moran
New Minas

Crosbie Centre Staff

Gaston d'Entremont
Regional Coordinator

Ann Lewis
Coordinator of Education & Health Promotion

Evelyn Bull
Family Therapist

Brian Hernon
After Care Coordinator

Detoxification Services

Gayle Wilson, Unit Coordinator
Joan McLean, Staff Nurse

Counsellor Attendants:
Robert Reid
Linus Constantine
Verna Hammond
Reginald Brown
Richard Stevens

Crosbie House (28-Day Program)
David MacDonald, Counsellor
George Libby, Counsellor
Ross King, Night Attendant

Office Staff
Debbie MacInnis
Edith Crocker

After Care Services
Iva Gale
Community Health Worker, Middleton

Keith Mattinson
Community Health Worker, Windsor

Western Regional Advisory Board Members

F. James MacLeod, B.Sc. — Chairperson
Yarmouth

Sandra Noah, R.N. — Vice-Chairperson
Salmon River

J. Gerard MacEachern, B.Comm.
Yarmouth

Roland Muise, M.D.
Yarmouth

Alexander E. McCabe
Shelburne

Rev. Leger Comeau, B.A., L.Th., L.Ph.
Church Point

Father Leo Maillet, B.A., B.Th.
Wedgeport

Rev. George Bell, B.Th., S.D.
Smith's Cove

Georgina McLaughlin, M.Ed.
Yarmouth

Victor LeBlanc, B.Ed.
Clare

David Gardner, D.D.S.
Liverpool

Western Regional Staff

David Cassidy, M.S.W.
Regional Coordinator

Daniel Meunier, B.A., S.T.M.
Field Representative

Suzanne Babin-Muise, B.S.W.
Clinical Therapist

Marla Wood
Secretary

Janine Doucette
Stenographer

Outpatient Centres

Rosemary Kuhn, M.A.
Clinical Therapist, Liverpool

Carolyn Howard
Community Health Worker, Liverpool

Dawn Harrington
Secretary, Liverpool

Mairo Villarroel, M.A.
Clinical Therapist, Digby

Blanche Keats
Community Health Worker, Digby

Fred MacDonald
Community Health Worker, Shelburne

Ken Thibeau
Community Health Worker

Local Committees

Local committees function as groups in association with regional boards and, thus, with the Commission in delivering education and prevention programs at local levels.

These committees represent towns, villages and areas within regions. In effect, they are the very foundation on which the Commission's regional program development is based. Local committees identify community needs and advocate programs to meet those needs, using ongoing funding from regional boards for local education and prevention programs. Also, each has on hand literature and information for distribution within its area. Some 400–500 citizens are now members of local committees and give thousands of hours of volunteer time to the provincial program on drug dependency.

Local committees are found in the following locations:

Cape Breton Region

Arichat
Baddeck
Cheticamp
Glace Bay
Inverness
Louisbourg
New Waterford
North of Smokey
North Sydney
Port Hawkesbury
Port Hood/Judique
St. Peters
Sydney
Sydney Mines

North Shore Region

Amherst
Antigonish
Canso
Guysborough
Pictou
Sherbrooke
Springhill
Stewiacke/Shubenacadie
Truro
Westville

Metropolitan/Lunenburg Region

Bridgewater
East Hants
Eastern Shore

Western Region

Argyle
Barrington
Clare
Digby
Lockeport
Queens
Shelburne
Yarmouth

AN OVERVIEW OF 1987–88

MESSAGE FROM THE EXECUTIVE DIRECTOR

During 1987–88, the Nova Scotia Commission on Drug Dependency has had many achievements in the areas of treatment, prevention and community education. In the area of treatment the Commission completed work on the Adolescent Program Design and followed-up on the field test of that program by taking steps to re-write its program manual. A $35,000 grant was obtained under the National Drug Strategy Program from the federal government and work is now in progress. The Commission's proposed Adolescent Program (which will provide care for young people 12–18) will focus on both inpatient and daycare. It will be presented for consideration by government.

During 1987–88 the beginning of the influx of cocaine made itself felt by creating an increased number of patients coming to the Commission. Injection drug use increased and a great number of persons who were intravenous drug users presented themselves for treatment at Commission facilities. This has created a problem for the Commission in terms of both personnel and resources. Efforts are being made to cope in an effective manner with these new patients.

In women's treatment, the Commission began a Women's Clinical Resource Centre located in the Commission's library. A Women's Clinical Resource Team composed of representatives of all regional treatment programs working with the Commission was also created. The objectives of the latter project are to enable Commission staff throughout the province to have the skill to work in a more effective manner with women patients. Also, to build a program through Commission facilities which will give greater time and emphasis to women's needs as they present themselves for treatment and rehabilitation. The Women's Clinical Resource Centre now acts as a major resource in the area of working with women who have chemical substance abuse problems. It is a proactive resource centre which publishes a quarterly newsletter dealing with women's concerns. It has at its fingertips many materials and resources which will be made available to all Commission staff working with women throughout the province.

In the area of education, Commission programs have had one of their finest years. The Peer Education Program—where senior high school students are taught to deliver drug education programs to junior high school students and therefore act as positive role models—has expanded to include 21 of the 22 school boards in the province. It is

anticipated that the twenty-second school board will soon become part of this program as well. This now means that 58 of the 93 high schools in the Province of Nova Scotia are involved in Peer Education. The success of the Peer Education Program can be measured by the fact that young people who have been through the program and who are now attending university have requested the Commission's assistance in implementing the program at the university level. Commission personnel are now involved with universities regarding the development of Peer Education Programs in those centres. As well, the teachers working in the schools where peer education is delivered have continued to participate in the Community Outreach Team Training. Each teacher has committed two years of volunteer time to assist the Commission.

Work has been completed on a similar program for parents. The manual to be utilized for parent education has been completed and funds have been received through the National Drug Strategy Program from the federal government. The manual will be available to parents in the province involved in the program.

One of the most exciting experiences in the area of parent education has been with the Michelin Tire Company. They asked the Commission to assist them in working with groups of parents who might be interested in learning more about chemical substance abuse problems in the province, and how they might involve themselves as parents in working with their own children in prevention and education to enhance and support positive lifestyles. Michelin has given much leadership in this area, and has worked closely with the Commission during its early years in the development of Employee Assistance Programs for its workers.

Grants were continued for both the Dartmouth and Lunenburg County school boards to assist them in completing their introduction to Peer Education. A school board substance abuse program is also being developed which will include the employment of a full-time Substance Abuse Counsellor. A total of $22,000 was provided in grants to these two school boards.

Overall, the Peer Education Program has been one of the most successful programs the Commission has ever launched in Community Education. During this past year, 1,000 peer educators were trained and they in turn delivered programs to some 14–15,000 junior high school students. This is the eighth year of the program. The cummulative totals are 3,073 peer educators trained to deliver the program to 47,773 to 48,775 junior high school students.

Additional impetus and support for the Commission's program in the schools has been the development and formation of the program called P.A.C.E. (Police Assisting Community Education). P.A.C.E. is the result of a series of discussions and planning sessions between the Royal Canadian Mounted Police and the Commission On Drug Dependency. The RCMP expressed interest in becoming a part of the effort to limit demand in the field of substance abuse. This brings the RCMP into both areas of the fight against substance abuse, that is the supply side as well as the demand side. Commission personnel have worked with the RCMP and during the year the first 19 RCMP officers graduated from the P.A.C.E. program.

This program consists of a series of training sessions for the uniformed officer in the methodology of teaching and four lesson plans have been created for grades 5 through 9. These twenty lesson plans are developed so that they integrate with the curriculum in the school system. The trained RCMP officer then becomes part of the community education system by participating in the sessions in the schools alongside Commission personnel. Requests are also made by the schools to the RCMP for input into the education program in substance abuse.

A manual which will contain all program guidelines and materials for the P.A.C.E. program has been written. Two grants (total $38,700) have been received from the National Drug Strategy Program through the federal government for the development, field test and publication of this manual. The manual will then become part of the National Training approach for police officers across Canada. The Commission's education staff have been involved with the Canadian Association of Chiefs of Police in creating a specific curriculum which can be delivered by police throughout the country. This special project is now in progress with full involvement of Commission personnel.

"Teens Against Drunk Driving Program" (TADD), which is now part of the Nova Scotia scene, has begun program development in the Valley. This will be the focal point for implementation of the program throughout other parts of the province. This program has also created a manual which has been funded through the National Impaired Driving Strategy.

Throughout the year the Commission has involved itself in Server Intervention Programs for those who are in the beverage alcohol business and for universities (at the campus pub level and for those who are Dons in the various residences). This program assists those who work

with beverage alcohol to understand its impact. It teaches methods to deal with problem drinkers and ways to prevent problems because of alcohol use on premises.

In the training area, the Commission continues to offer its Orientation To Chemical Dependency Course. The Commission provided this course for many professional groups throughout the province. Those included in the training were police, child worker agencies, corrections and probation officers, nursing, medical personnel, teachers and others. This program, which is a four-day two-evening course, exposes the participant to many facets of the chemical dependency syndrome. It offers the opportunity to understand more fully the problem of chemical dependency and, methods which might be used to deal with the problem.

In the field of Employee Assistance Programs, the Commission continued to provide services to industry and business in maintaining employee well-being through prevention and early intervention of chemical substance abuse. Well over one-third of employed persons in Nova Scotia are now protected by Employee Assistance Programs supported by both management and labour.

In terms of community program development, the Commission began planning the implementation of a community drug dependency service for the Strait-Richmond area. This service will offer the community 17 new jobs, the services of a detox centre, a Treatment Orientation Program, and follow-up through two outpatient centres. The program is a service delivered by the Commission and utilizes space in a local hospital. It is a first for Nova Scotia in terms of cooperation between the Commission and a hospital. It allows both agencies the freedom to perform the tasks for which they have responsibility and maintains a partnership in providing a broader range of services to the community.

Overall the Commission has made great strides in both the areas of treatment and in community education. Much emphasis has been in the area of education through the schools with teachers and with parents. Such an approach augers well for future involvement of people throughout the province in community education programs and the resultant positive impact in terms of lifestyles. The positive response being received through the schools by teachers and by parents in support of the Commission's approach to peer education and in the area of peer support is exciting. This new area of endeavour involves young people who have themselves been substance abusers in both a rehabilitation program and as educators once they have achieved a level of sobriety and

good health. Such a group then represents very positive role-modelling for other young people.

As role models, young people are truly remarkable ambassadors of positive living and healthy lifestyles. Their impact is strongly felt by the young people with whom they work. It should be noted that all of these young people working in the peer education program and the peer support programs, are volunteers. There are many adults (some six or seven hundred) throughout the province who align themselves as members of the many Local Committees on Drug Awareness and who are associated with the Commission On Drug Dependency's Community Education Program. The volunteer component of the Commission's Program is 1,700 people.

The partnership that is created between government and the citizen in this model cannot be assigned a dollar value because it has much more impact than the mere expenditure of financial resources. It finds its source of energy and strength in the fact that people do believe in their communities and do strive to heal those within their communities who have need for their help. This is a true community development model made effective by helping the community to share the ownership of a program or an event alongside the Commission.

EMPLOYEE ASSISTANCE PROGRAM DIVISION

Nova Scotia Employee Assistance Program's Association

The Nova Scotia Employee Assistance Program's Association had another very successful year. The attendance at the meetings were between 85–125. The programs covered such topics as:

- Making EAP's Work—A Symposium
- EAP's As We Approach the 1990's
- Family Intervention
- Crisis Intervention.

Both the Coordinator and the Secretary of the Employee Assistance Program Division of the Commission continue to act as resource people to the organization.

The Nova Scotia Employee Assistance Program's Association continues to play a vital role in the development and implementation of employee assistance programs in worksites in Nova Scotia. It provides an excellent meeting place for both management and labor to share in a very meaningful way problems, results, failures and other matters that affect their employee assistance programs.

The Executive and members of the Nova Scotia Employee Assistance Program's Association are deeply indebted to the Nova Scotia Teachers Union for their continuing support of the Association. The Teachers Union have made available without charge, the use of their fine facilities for a meeting place of the Association for the past six years. The Teachers Union has strong representation in the Association from its members.

The military significance in Nova Scotia is not overlooked by the Association. A senior Naval Officer has acted as Treasurer for the past two years. There are many Referral Agents and full time Coordinators from the military and civilian Department of Defense who regularly attend meetings and provide meaningful input into the educational programs.

Nova Scotia Liquor Commission

The Employee Assistance Program Coordinator developed a draft policy and procedures for the Nova Scotia Liquor Commission and presented it to their Employee Assistance Program Committee. After reviewing the

draft, the Committee unanimously approved the document and are now in the process of developing their awareness programs for managers, supervisors, union stewards and employees. Like other Employee Assistance Program policies that are now developed by the Commission, this is a comprehensive one which addresses all personal and/or health problems that may cause difficulties for an employee of the Liquor Commission.

Police Association of Nova Scotia

As a result of the services provided to the Halifax Police Department, the Employee Assistance Program Division personnel met and assisted members of the Executive of the Police Association with information. They have used this information to develop programs for many municipal forces in the Province of Nova Scotia.

The City of Dartmouth

The City of Dartmouth has now implemented an Employee Assistance Program. The Coordinator assisted in the development of the program and also provided information regarding external providers of Employee Assistance Program services. The City of Dartmouth was the first organization in Nova Scotia to call for a contract to provide assessment and referral services for its employees by public tender.

CNR

The Employee Assistance Program Division continued its strong support of the Canadian National Railroad's Employee Assistance Program by regularly meeting with CNR's full-time EAP Coordinator. The CNR has recently revamped its program and has been conducting many awareness programs across Nova Scotia for their employees. Their Coordinator also maintains very close contact with the Regional Treatment Services provided by the Nova Scotia Commission on Drug Dependency.

Villa St. Joseph Du Lac & C.U.P.E. Local 3064

In the Western Region of the province the Coordinator of the Employee Assistance Program Division assisted the management of the Villa St. Joseph Du Lac and C.U.P.E. Local 3064 in introducing their employee assistance program. The Villa is a nursing home in Yarmouth and has approximately 125 employees. It is anticipated that other nursing homes

in the Western Region will also become involved in Employee Assistance Programs.

Ongoing Services

The Employee Assistance Program Division continues to provide ongoing consultation to the many government agencies, companies, businesses and unions that call regarding problems of a health and/or personal nature that are causing difficulties for employees and are adversely affecting their performance. This is a very critical and important aspect of the Division's work. As a result of these calls in most instances, a referral to an appropriate community resource is usually initiated. On several occasions, many national organizations will call from their head offices inquiring about the services that the Employee Assistance Program Division can offer.

National and International Contacts

The Employee Assistance Program Division maintains contact with national and international organizations through its membership in the Association of Labor Management Administrators, Consultants on Alcoholism and the North American Congress on Employee Assistance Programs. The Coordinator made presentations at Input '87—the 7th Biennial Educational Symposium on Employee Assistance Programs in the Workplace held in Ottawa, and also at the Atlantic Regional Conference on Addictions in St. John, New Brunswick. Many other regional presentations were made throughout the year.

PREVENTION AND COMMUNITY EDUCATION DIVISION

The Prevention & Community Education Division provides service to the community through five program areas:

- School & Youth
- Staff Training and Development
- Public Information
- Library
- Field Services

Staff work with community members throughout Nova Scotia—providing information and training resources for a variety of needs.

Community awareness continued to be a strong focus throughout 1987–88. Local Committees and Field Representatives provided leadership and skill development for a variety of community groups, including schools, parents, churches, police officers, service clubs, and allied health and social service professionals.

Once again, the Commission had the privilege of honouring volunteers who made a significant contribution to the prevention and treatment of drug dependency in the province.

- The Award of Distinction was presented to Mr. Andrew J. Crook, former chairman of the Commission; Alcoholics Anonymous of Nova Scotia; and Maritime Telegraph and Telephone Company Limited.

- The Award of Merit was presented to Annabelle Butts, Martin Merner, George Whellicker, Catherine Gordon, RCMP Cpl. Gary Grant, Trudy Johnson, John Bezanson, Barbara Brown, Thomas Chesterman, Paul Fraser, Patricia Lawton, Kay Murray, Jack Phinney, David Waterbury, Cora Anne Belliveau, Marie MacLeod, Keith Menzer, Myles Gouthro, Mary Kelly, RCMP Spt. Campbell J. Reid, Pat Atwood, and Francis Perry.

- The Nova Scotia Commission on Drug Dependency identification pin was made available to friends of the Commission who contributed in a special way.

Several programs within the Prevention and Community Education Division focused directly on communities and special populations within these communities. The Drug Awareness Week theme—Communities Care—emphasized the vitally important role of the community in drug education and prevention. The Commission's Library extended its services to include a Clinical Resource Centre for women as part of a project jointly funded by the Community Action Program of the National Drug Strategy, Health & Welfare Canada, and the Nova Scotia Commission on Drug Dependency.

SCHOOL SERVICES

Youth and School Services

Peer Drug Education

Peer drug education continues to expand throughout the province. During this fiscal year, there were peer education programs in 19 out of the

22 school boards with 46 participating senior high schools. The Commission provides the training for all peer educators throughout the province, but the schools and their communities deliver the programs and therefore have a sense of ownership.

In the Metro and Western regions, the Program was translated into French so the material would be suitable for Francophone schools.

The table below indicates the growth of the program since its implementation in Nova Scotia.

Peer Drug Education, 1981–1987

School Year	Number of Senior High Peer Educators	Estimated Number of Junior Peer Educated Students
1981–1982	36	690
1982–1983	54	1120
1983–1984	83	1695
1984–1985	195	3650
1985–1986	335	5920
1986–1987	500	7650

The successful continuation and growth of the Peer Education Program is a result of the dedication and enthusiasm of teachers, guidance counsellors, school administrators and regional staff.

Parent Drug Education

Two groups of parent facilitators were trained in two regions: Cape Breton and the Western region, to deliver the "Choosing About Using: Parent Peer Drug Education" program. Metro regional staff conducted the Parent Drug Education Program four times. Two previously trained parent facilitators also successfully conducted the program in the Lunenburg area. Peer education is evidently an effective vehicle for parent drug education and will be developed further to meet increasing demand.

Community Outreach Program

Three successful Community Outreach Team Training Programs were conducted in the Lunenburg County School Board District in alliance

with a long-term plan for community-based drug education in that area. Each school now has a core of trained teachers to facilitate action planning and inservicing. School board members and administrators actively participated and intend to follow through with the long-term strategy.

Inservice Programs

The School Inservice Program continues to play an important part in the development of educational resources. A total of 750 teachers attended inservices during the year.

The Training and Development Section provides learning experiences for staff, allied health and social service professionals, and volunteers. The major events of 1987/88 include:

Addiction Counselling Training

A three-day workshop focusing on the fundamental one-to-one counselling knowledge and skills essential to the development of a therapeutic counselling relationship was offered. The course is required for all new nurses, counsellor attendants and community health workers. It was offered once in 1987/88 for Commission staff.

In order to offer the course more frequently and open it to other professionals, six staff were trained as facilitators in a five-day Training of Trainers program in February 1988. In collaboration with the New Brunswick Alcohol and Drug Dependency Commission, 18 Correctional Services of Canada staff from the four Atlantic Provinces were trained to deliver the Addiction Counselling workshop.

Intervention Training (Universities)

This one-day training event is designed to prepare university residence assistants in the early recognition of drug problems, effective intervention, crisis management and referral. It was delivered to approximately 218 students in six universities between September 1987 and January 1988.

Orientation to Chemical Dependency

The 3½-day course provides basic knowledge and skills in early identification, intervention, referral and follow-up of individuals and families with

alcohol and drug-related problems. Between April 1987 and April 1988, the course was offered six times in the Metro Region, including one course in Bridgewater. It was also offered once in Yarmouth and in Pictou. One hundred and fifty-four health and social service professionals, volunteers and Commission staff completed the course during this period. Approximately 400 people have completed the course since it began in June 1984.

Serving Alcoholic Beverages: A Customer Relations Approach

This three-hour training program provides management and staff of licensed establishments with the knowledge and skills to manage the consumption of alcohol, to prevent intoxication and, when necessary, deal with the intoxicated guest. The course was delivered throughout the province 22 times in 1987/88 to about 387 servers. Since 1983, approximately 900 servers have been trained.

Special Events

On November 13, 1987, an awards ceremony was hosted by Acadia University in Wolfville. The Honourable Ron Russell presented awards from the Nova Scotia Commission on Drug Dependency to the presidents of nine Nova Scotia universities for supporting and encouraging the training of bar and residence staff. The awards also recognized all other efforts to increase drug awareness on campus.

Training of Trainers

Fifteen staff from the prevention and treatment divisions of the Commission participated in a three-day course in June 1987. The course was designed to introduce the basic principles of adult education and training. Staff set objectives and developed plans for community training in their region.

Extra-Mural Training

Thirty staff members participated in professional development courses offered outside the Commission. These included computer courses at various levels, time management courses, communications skills workshops, professional development for secretaries, management, leadership and staff relations courses, and courses to enhance clinical skills.

Management Development and Supervisory Development

Three senior staff are completing the Civil Service Commission Management Development Program. Four supervisory personnel are completing the Supervisory Development Program.

LIBRARY SERVICES

The Library continued to take a proactive and comprehensive approach to information resource sharing in 1987–88.

The Library automation project has made considerable progress in the development of an on-line cataloguing and inquiry service. The project will continue to 1991.

A Women's Clinical Resource Centre is currently being developed within the Commission Library. The Resource Centre provides information resources to staff, as well as clients and the general public. The collection consists of books, journals, pamphlets, and audio-visuals related to the issues of women and chemical dependency.

Responses to information requests and circulation statistics were in excess of 8,000.

MEDIA SERVICES

The presentation of a positive image to the general public is the central concern of media services. Through the selection of ads and the placement of ads in publications throughout the province this goal is achieved. The electronic media is used to being awareness to the general public concerning successful programming. The main showpiece of the prevention and community education thrust is Drug Awareness Week.

Drug Awareness Week with its theme "Communities Care" presented a very strong and positive prevention message to the general public. Newspapers and the electronic media throughout the province carried the "Communities Care" message. This theme brought into sharp focus the message that prevention programming develops out of community concern.

Drug Awareness Week triggered a strong caring response in communities throughout the province. The Halifax Chronicle Herald in cooperation with the N.S.C.O.D.D. produced a 16 page tabloid entitled "Com-

munities Care". A Teacher's Guide was also developed to extend the reach of the tabloid.

The "Communities Care" theme shaped the flow of information to the general public throughout the year.

TREATMENT AND REHABILITATION

In 1987–88, staff of the Commission treatment facilities began to note an increase in patients using cocaine. As well, injection drug users began presenting themselves at treatment centres throughout the province. This raised various issues for the Commission, including the need to create a treatment protocol which might deal effectively with cocaine dependency and the need to deal with the concern over infection control.

The increased injection drug user population created the possibility of HIV infection, and Hepatitis B in Commission facilities. As a protective measure, a complete reworking of the Commission's infection control procedures was begun and supplies of protective clothing, etc. were considered. Additionally, all personnel having access or direct contact with Commission Detox Centres were offered the opportunity for innoculation against Hepatitis B. Approximately 90 per cent of personnel accepted the program, with the remainder either already protected or not wisning to participate.

In 1987–88, the Commission was without its pharmacologist and it set out to recruit a replacement. Backup during this time was provided by the Executive Director, physicians and head nurses.

Requests for drug analysis remained at a consistently low level, although requests for information by phone continued at a fairly high level.

The Orientation to Chemical Dependency Course first implemented in the Metro-Lunenburg region was decentralized and is now offered in each region of the province. It is delivered by regional staff who have been trained to deliver the course. The program continues to be in great demand by other agencies in the community.

CAPE BRETON REGIONAL PROGRAM

During the past fifteen years the Cape Breton Regional Program has maintained an active multi-disciplinary network of addiction rehabilitative

interventions, utilizing a variety of innovative treatment modalities and community based programs.

The ongoing involvement and cooperation between other agencies and community groups with the Commission's programs in Cape Breton has been one of the major contributing factors to the success and acceptance of such programs. The networking that exists between Talbot House, Gillis House, Harbour Lights, Transition House, Howard House, Second Home House and Correction Services are but a few of the day-to-day liaisons that have made the outreach to the community a coordinated one in the provision of services to those individuals and families suffering from substance abuse problems.

In the areas of Education and Prevention many new and exciting inroads have been made with the cooperation of school boards, service clubs and industry. The results of such efforts has seen the development of active local committees—both within the general as well as the industrial communities.

Peer Education, Server Intervention, Family Education Series, Drug Awareness Week and media programming has helped to advance the mandate of the Nova Scotia Commission on Drug Dependency to provide information, education and understanding concerning the healthy lifestyle alternatives that exist, not only in the Cape Breton region but throughout Nova Scotia.

All levels of the community and especially self-help groups have been instrumental in assisting Commission Staff in the acceleration of acceptance and utilization of services.

Education & Prevention Programs

Cape Breton's prevention and community education programs focused primarily on youth involvement, media campaigns and key programs such as Peer Education, Parent Peer Facilitator Teacher Information Sessions, Server Intervention and Stress Management workshops.

Youth Involvement

In addition to regular school programs, two Youth Drug Education Committees were formed, one at the high school level and one at the university level. The initiative resulted in Driving While Impaired campaigns, community walks, junior and senior high information sessions and weekend retreats.

Media Campaigns

Extensive work has been done with the cooperation of the media, youth, police and Nova Scotia Commission on Drug Dependency to deliver drug information to the community through public service announcements, Driving While Impaired commercials and talk shows.

Education Programs & Information Sessions

Programs	146
Audience Size	12,224
Pamphlets Distributed	9,745
Media Exposures	130

Employee Assistance Programs

A total of 120 clients were involved in Employee Assistance Programs, either on a formal or voluntary basis. Follow-up contacts were made by the Industrial Field Representative with 44 formal clients. On-going programs consisted of up-dating existing programs and policies, training and education sessions, initiating new industrial and business contacts and coordinating and monitoring treatment contacts between clients and their work places.

TREATMENT AND REHABILITATION

Primary Care—Detoxification

The Primary Care Unit maintained its twenty-bed capacity for 1987–88. During the year there were 1,011 admissions for treatment of drug and/or alcohol withdrawal.

With the introduction of the new Smoking Policy by the Minister of Health, our environment for patients and staff has improved. Certainly the patients and staff who have respiratory problems have benefitted by the new regulation and the smoke free air in patients' rooms and offices has reduced the health hazard for others.

Major renovations were undertaken to give a needed facelift to the Primary Care Unit.

The contributions of the area clergy, who visit weekly on Wednesday evenings to present a talk on spirituality and addictions, as well as the dedication of A.A./N.A. members, who came in to give patients an opportunity to experience the fellowship of A.A. are gratefully acknowledged.

Primary Care—Treatment Orientation Program

The Treatment Orientation Program has provided educational therapy, assessment and individual counselling to an increased number of clients. The goal is to better prepare them to make personal choices which will change their drug use patterns or lifestyles.

Student nurses and field placement students are exposed to all facets of the Treatment Orientation Program. During 1987–88, a special Treatment Orientation Program was conducted for a group of recovered women interested in volunteering their services to the Centre.

After Care—Residential Rehabilitation Program

During the year concentrated efforts were made to familiarize other staff persons with the program content and delivery. The aim was to increase their awareness of the interdependence of treatment programs and to decrease the potential development of isolation. This was primarily accomplished through a rotation system of one to three months duration.

This year a program was offered to chemically dependent women using the basic structure of the Residential Rehabilitation Program. Content which appropriately addressed specific issues relative to the chemically dependent female was delivered to 17 women. The response by both the participants and the staff involved was most positive. The experience stimulated interest and incentive for planning and implementing future programs for this special interest group.

The Residential Rehabilitation Program continued to serve as an active and informative field placement experience for several B.S.W. students during the past year.

After Care—O.P.D.

The patient load continued to be very heavy with the on-going impact of the Driving While Impaired Program and the restructuring of our satellite outreach programs.

Emphasis has also been placed on group therapy and educational therapy groups. This has enabled staff of the O.P.D. to begin to cope with their expanding caseloads. Such programs include groups for family members, for adolescents, for adult children of alcoholics and for women.

After Care—Halfway House

Serenity House has the following programs:

Residential
Therapeutic
Occupational
Peer Group Orientated
Co-educational

We could use three words to describe the goal of the House: "Drug Free Lifestyle". If this goal is further analyzed, it implies that the Halfway House provides support to the new resident and then it makes the residents able to depend upon themselves. It returns them to the community as competent, functional, independent people.

The primary function is to offer the residents a supportive, therapeutic homelike setting, working the residents through actual problems as they present themselves.

Involvement in Alcoholics Anonymous and/or Narcotics Anonymous is a mandatory part of the program and meetings have been implemented in the facility. Social and recreational activities also play a vital part in the recovery program, as these are important elements in the rehabilitation process.

An interesting project developed with former residents of the Halfway House Program has resulted in the formation of an Alumni, which is in its third year of operation. The Alumni has an active, extensive membership and acts as a support group for the House, helping with social activities and with the A.A. and N.A. self-help program.

Documentation, Evaluation and Research

Effort continued in the area of purging client files to conserve space and permit file growth. Files of clients having no contact for seven or more years were made inactive.

Our rapport with other community agencies and employers was promoted by cooperation in providing required information relevant to treatment programs—and when requested by clients—specific client related information. Monthly statistics were prepared for managers of various departments to facilitate monitoring and planning functions.

A major area of accomplishment was an evaluation of the Rehabilitative In-house Drug Education Series. This eight-week education program was presented to inmates of the Cape Breton County Correctional Centre, to assist with alcohol and/or drug related problems. The program was deemed a success in terms of providing education and promoting an awareness among inmates of resources available in the community regarding drug and alcohol treatment.

Another major goal of the program was to provide continuity by introducing inmates to Cape Breton Addiction Rehabilitation Centre staff they might encounter in various programs.

Administration and Operations

A few major renovations to our premises have been carried out during the year, including a new floor for the Detox Unit, extensive painting to all corridors and stairways, and repairs to a leaky roof. However, we are still in need of some further renovations due to the age of our building and equipment.

Special attention was given to developing and implementing a Quality Assurance Program for the Housekeeping Department, with standards and procedures set for maintaining an attractive, clean, healthy and sanitary environment for patients, visitors and staff.

Friends of the Addiction Centre Auxiliary Group

The involvement of the Auxiliary, other individuals and groups is greatly appreciated. Their contributions of time and gifts throughout the year (especially at Christmas and holiday periods) have been of great benefit to the patients and to our work here at the Centre.

NORTH SHORE REGIONAL DRUG DEPENDENCY PROGRAM

During this year on-going staff shortages had a negative influence on our overall programming. At times these vacancies extended from three to nine months in some key areas of service.

Our Primary Care Unit showed a slight decrease in admissions, balanced by longer patient stays.

In aftercare the number of outpatient clients increased significantly. Motor Vehicle cases increased by 40 per cent over the previous year.

Regionally the Peer Education Program was expanded. For the first time in the North Shore Region the Orientation to Chemical Dependency Program was offered to Professionals.

Staffing and Staff Development

Staff shortages impacted at times on our ability to respond to demand for services. The following positions were vacant due to illness, death, transfer and resignation: Clinical Therapist—Truro, 4 months; Community Health Worker, Truro, 9 months; Clinical Therapist—Amherst, 1.5 months; Research Assistant, 3 months; 2 Counsellor Attendants, 3 months, Cook, 4 months. Recovery House was experiencing similar problems.

The above situation made staff training essential. The following are some of the types of staff development undertaken: Core Knowledge Training; Adolescent Addiction and Treatment; Addiction Counselling Workshops (X2); Urinalysis Training; Relapse Presentation Training; Workshop in Women's Issues; Training of Trainers Program.

This year helped us to clarify our staffing priorities in order to strengthen our ability to respond to client demand. The following positions are seen as needed:

1 Nurse Rehab Counsellor—Primary Care
1 Community Health Worker—Guysborough Co.
1 Caseworker Supervisor—Aftercare
1 Steno—New Glasgow/Pictou OPD

Treatment and Rehabilitation

Primary Care

The number of Primary Care patients slightly decreased while the length of stay increased. New patients comprised 38 per cent of our total. A significant change occurred in that we treated a much higher number of people 65 years of age and over.

Aftercare

There has been an increase in the number of individuals seen in our outpatient offices. This has occurred despite the aforementioned shortages of staff. Colchester County continues to be a particularly busy office for Motor Vehicle Referrals followed by Pictou County. The Regional number of Motor Vehicle Referrals increased by over 40 per cent.

In Pictou County a group program for Adult Probationers was piloted. This is a five-week program and concentrates on assessment and information. It is seen as a more effective way of handling the large number of referrals coming from Probation Services.

Recovery House

The Board continued to try to enhance its campaign for public funds. The staff at Recovery House were further pressured by the resignation of the Director. The search for a new Director took several months. Despite this, program delivery was maintained and Recovery House remained an integral part of the treatment spectrum in the North Shore Region.

Prevention and Education

Demand for services remained very high due to the large number of schools in the five counties of the region. A major thrust continued to be Peer Education, which this year was extended to Colchester, Cumberland and Guysborough Counties. Our presence on college campuses was increased as well. Programs for Residence Counsellors and Server Intervention Programs were offered at St. Francis Xavier University, Nova Scotia Agricultural College, and the Nova Scotia Teachers College. The Orientation to Chemical Dependency Program was offered in the North Shore Region for the first time. The surprising response will require at least two to three courses a year being offered.

As usual we received a large number of requests for information and speakers from diverse groups throughout the region. Some of these included: Well Women Clinic in Colchester, Cumberland and Pictou Counties; Health Days in various hospitals; various service clubs, eg, Rotary, Lions, Women's Institute, Home and School groups, Job Re-Entry Modules.

Local Committees were active in Antigonish, Truro, Pictou Town and Pictou County. During Drug Awareness Week local cablevision stations showed videos dealing with addictions issues.

METRO/LUNENBURG REGIONAL PROGRAM

All Treatment Services underwent some measure of clinical review. Waiting lists became a common occurence, (both for inpatient as well as outpatient programs). More prevention and community education programs were delivered to community agency personnel through local committees on drug awareness—especially to the youth of the region.

This fiscal year also brought with it the hiring of a Manager of Treatment Services after a prolonged search. This also brought a fresh perspective in the review of treatment services. The major thrust has been the emphasis on the family in treatment and with it the hiring of qualified staff who are capable of doing family therapy.

Detox

Various aspects of professional nursing concerns were reviewed. The nurses with senior and supervisory staff of the Commission looked at the legal aspects, programming, quality assurance, nursing standards and staff training and development of the Detox Services. It is expected that the results and the priorities set will help to set the tone for detox services for years to come.

In light of more recent information and guidelines on infectious diseases such as Hepatitis B and AIDS, more stringent controls and sanitation requirements have been, and are, being put in place. Complete precautions have been finalized as a result of concern and interest around this vital issue.

Treatment Orientation Program

The focus of this five-day program was educational. The major change has been the movement to an adult model of learning where responsibility for one's learning rests with the individual. A second significant change is the experiential approach rather than a didactic one. This enables the clients to share more of their feelings with one another.

Residential Rehabilitation Program

The focus of the 28-day program is changing. It is directed more to personal understanding and development as this relates to the clients' past (addiction), present (turmoil and pain) and future (sobriety). The use of group therapy, group discussion and workshops, creative therapy, music therapy and spiritual counselling are the methods of treatment.

Outpatient Services

With individual, group and peer supervision as well as bi-weekly staff meetings, the Casework Supervisor was able to develop and enhance many program components including:

- an intake system for the extremely busy clinic in Halifax.
- adolescent group therapy sessions and the creation and institutions of inpatient and outpatient adolescent five-day treatment orientation programs.
- Eleven Driving While Impaired Programs were conducted throughout the year on both an inpatient and outpatient basis.
- A Youth Support Program in Bridgewater was implemented in which ten trained adolescents have participated in approximately 75–90 public presentations. This program has been accepted and endorsed by the Lunenburg County School Board. A similar program could be instituted in Halifax next year.
- A new clinic was opened in September in the Fishermen's Memorial Hospital.

Two full day inservices with the outpatient staff were held during the year regarding stress management and burn-out prevention.

Prevention and Community Education

This fiscal year saw the formation of a new local committee on drug awareness in Cole Harbour. This new committee (and the other four operating in the region) were extremely active in providing drug awareness, education, information and training programs in their respective communities. Special emphasis was placed on youth through such programs as peer education, chemical free graduations, youth recognition and Drug Awareness Week with the theme "KIDS CARE".

It should also be noted that local committee members were involved in their own ongoing orientation to drug awareness issues and concerns.

VALLEY HEALTH SERVICES ASSOCIATION

Detoxification services:

This unit of five active treatment beds continues to function at peak capacity. There were 303 admissions to the unit with 32 patients opting not to complete treatment. Medical and psychiatric problems necessitated five transfers to other health care units for continuing care.

There is still a lot of pressure to take referrals from outside our catchment area. During the year, 78 out-of-catchment area patients were admitted to detox.

The young substance abusers (marijuana and LSD) who have attempted initial treatment orientation in detox still require a treatment program more specific to their age group.

Thanks and appreciation are extended to the roster doctors and to Dr. Brian Garvey for their physical and psychiatric assessments of patients and for giving support and direction to the staff.

Crosbie House:

The 28 day program had an average daily attendance of 10.6 during the year. Of the 134 admissions, the male-female ratio remained practically the same as last year's figures—77 per cent male and 23 per cent female. The waiting list was again a problem. As a result, we had to cut down on out-of-catchment area referrals, only accepting those who had valid reasons for not being treated in their region.

The 28 day program saw a major staff change during the year. David MacDonald resigned after nearly 10 years and was replaced by Brian Hernon.

In August, the 9th annual ex-patient party saw around 750 people enjoy the day on the grounds of the Miller Hospital. Plans are underway for our 10th Anniversary Party. We are bringing in a well known expert on recovery for a public meeting. Ernie Larsen is scheduled to speak at Acadia's U Hall on September 10, 1988. Because of the new construction, arrangements have been made to hold the picnic at the Research Station on September 11, 1988.

Again this year, we are grateful for a generous donation from St. Stephen and St. Paul United Church which enabled us to hire a part-time chaplain in the person of Rev. David Shaw.

Out Patient Services:

There were 5,715 visits to our out-patient departments during the year. The family program continued to attract a large number of family members. A total of 1,348 people attended the Wednesday evening family program while 391 individuals participated in the two-day family seminar.

There is still a problem with the impaired drivers' program. Over the past year 124 individuals have been referred by the Registry of Motor Vehicles while only 28 or 23 per cent have presented themselves for an interview. Since the program started in 1984, 403 were referred and 185 or 46 per cent reported to the Crosbie Centre.

It is the opinion of law enforcement officers that a good number of these people are driving without a valid license. The Advisory Council has forwarded those concerns to the Attorney General.

Education and health promotion:

The statistics for this year show a continuation of existing programs plus the development and implementation of new ones. We have continued with the safe graduation seminars and the peer drug education programs. One-day seminars were offered to 35 students who were suspended for alcohol or drug related incidents. Next year, we are proposing to start a support group for those students considered to be high risk as far as alcohol and drug abuse are concerned.

We also introduced a new program to the schools. It is known as T.A.D.D. or Teens Against Driving Drunk. Nine schools from Kings County and the Hants West Rural High School got involved in setting up T.A.D.D. chapters in their schools. The program was financially supported by nine Kings County Lions clubs.

In January of 1988, we received a federal grant to assist in implementing the T.A.D.D. program throughout the Province of Nova Scotia. The Crosbie Centre has now become T.A.D.D. headquarters for the Province.

In addition to the above mentioned activities, the Crosbie Centre offered 122 programs to the general public. There were five sessions for impaired drivers, 21 programs at Acadia including a server intervention course. A server intervention course was also held at the Base in Greenwood.

As coordinator of Valley Health's E.A.P. program, Ann Lewis saw 61 new staff members during their orientation. There were more voluntary E.A.P. referrals during the past year. This means that both employees and supervisors are taking advantage of the employee assistance program before problems become too severe. The coordinator feels that more assistance could be provided to employees in areas of stress, team management, assertiveness and communication.

Aftercare Program:

As of March 31, 1988, we had 270 contact persons receiving our monthly letter. Of those, 103 were active and some of them work with more than one patient.

We are having some difficulty in finding female contact persons from within the recovering community. During the year, we have had to appeal to the AlAnon community and other non-recovering women to offer support to the females leaving treatment.

Quarterly meetings with the contact people were held during the year in the following nine locations: Annapolis Royal, Bridgetown, Middleton, Kingston, Berwick, Kentville, Wolfville, Windsor and East Gore.

New Program:

The Advisory Council has been looking at the possibility of adding a second phase to the 28-day program for impaired health professionals. It would consist of a one month program where the individual would move from strict patient status to that of counsellor-trainee under supervision. It is called "mirror image" therapy.

In conclusion, the Advisory Council wishes to thank the Hospital Board and the Administration for their continued interest of the Crosbie Centre.

WESTERN REGION

All programs continued in the Western Region during 1987–88. Although staffing vacancies contributed to a difficult time, patients and clients were seen on a continuing basis. Program delivery was continuous in the regional areas such as Digby, Shelburne, and Liverpool—with the major gaps appearing in the Yarmouth area. Fortunately, staff were able to cover most areas of service so as to maintain a respectable response to patient requests for service.

In the area of Prevention and Community Education, programs continued to expand and to serve more young people than ever. Work in the schools and with parents was at an all-time high.

Peer Education continued as the major offering to schools and communities and response to this program was most positive.

A major objective during the year was to stabilize the staffing pattern and to appoint a new coordinator. Good prospects were available from within the Commission and steps were being taken to interview potential candidates.

Overall, there has been the recognition that services in general need expansion including: additional detox beds, a 28-day residential rehabilitation program, additional therapists for out-patient centres and the appointment of a casework supervisor to begin a review and reinforcement of clinical issues. All of these objectives will be addressed in future budget presentations.

CLIENT STATISTICS

Table 1

Selected Client Characteristics, by Region

Characteristics	Cape Breton %	North Shore %	Metro/ Lun. %	Valley %	Western %
Age					
Under 14	0.1	0.3	0.3	—	0.2
14–18	5.0	4.4	3.8	3.3	6.2
19–24	10.9	12.4	10.5	10.3	15.1
25–34	23.6	26.2	31.5	23.9	32.0
35–44	27.5	26.2	27.3	30.0	23.1
45–54	18.9	17.0	15.4	18.3	13.2
55–64	9.7	9.2	8.4	9.5	7.5
65 +	4.2	4.1	2.7	4.7	2.7
No age given	0.1	0.2	0.1	—	—
Sex					
Male	82.9	85.1	82.7	81.2	77.4
Female	17.1	14.9	17.3	18.8	22.6
Labour Force Participation					
Employed Full-Time	26.2	32.8	43.0	41.7	34.2
Employed Part-Time	6.2	6.8	5.6	3.3	7.4
Employed seasonally	5.5	6.5	3.1	6.8	9.4
Homemaker	3.8	3.9	2.9	6.0	6.5
Student	4.7	4.3	5.3	4.0	6.0
Disabled	11.5	6.0	5.0	6.6	4.5
Retired	5.2	5.3	3.4	5.8	3.5
Unemployed	33.1	34.0	30.2	25.7	28.3
Not recorded	3.8	0.5	1.6	0.1	0.2
TOTAL	**1,461**	**1,715**	**2,382**	**696**	**597**

Table 2

Clients' County of Residence by Region

County	Cape Breton	North Shore	Metro/ Lun.	Valley	Western
Annapolis	5	3	3	100	8
Antigonish	12	176	5	—	2
Cape Breton	1,129	48	20	2	6
Colchester	2	337	25	6	3
Cumberland	1	258	8	—	—
Digby	1	1	7	14	136
Guysborough	8	66	6	—	—
Halifax	7	73	1,878	64	—
Hants	2	26	65	175	—
Inverness	140	67	3	1	—
Kings	2	7	5	279	2
Lunenburg	2	2	287	24	3
Pictou	7	613	14	2	—
Queens	—	3	11	4	124
Richmond	49	16	—	2	—
Shelburne	1	1	5	8	78
Yarmouth	1	2	6	8	165
Victoria	77	2	1	—	—
Out-of-province	9	11	15	7	—
Not recorded	1	—	2	—	—
TOTAL	**1,456**	**1,712**	**2,376**	**696**	**597**

Table 3

Detox Utilization: Number of Individuals and Discharges, by Sex

Cape Breton

No. of Detox Discharges in 1987/88	MALES				FEMALES				TOTAL			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	435	73.0	435	51.9	63	64.3	63	40.3	498	71.9	498	50.1
2	105	17.7	210	25.1	22	22.5	44	28.2	127	18.3	254	25.6
3	39	6.6	117	14.0	7	7.1	21	13.5	46	6.6	138	13.9
4 or more	16	2.7	75	9.0	6	6.1	28	18.0	22	3.2	103	10.4
TOTAL	**595**	**100.0**	**837**	**100.0**	**98**	**100.0**	**156**	**100.0**	**693**	**100.0**	**993**	**100.0**

Table 4

Number of Clients In Inpatient Treatment Programs By Sex

Cape Breton

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	347	49	396
Inpatient, no detox	2	1	3
Daypatient, no detox	98	11	109
Residential Rehabilitation (28-day) Program Inpatient	63	15	78
Serenity House	18	4	22
Talbot House	33	—	33

NOTE: Since clients may attend more than one program, the sum of columns is not equal to the total number of clients in all treatment programs tabulated.

Table 5

Number of Clients, by Sex and Total Contacts, Outpatient Services

Cape Breton

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Central O.P.D.	279	97	376	1,970
Port Hawkesbury O.P.D.	67	19	86	535
North of Smokey O.P.D.	21	4	25	224
Inverness O.P.D.	53	5	58	967
Glace Bay O.P.D.	237	16	253	1,305
Northside/Victoria O.P.D.	123	17	140	1,258
Sydney O.P.D.	232	92	324	1,806

Table 6

Detox Utilization: Number of Individuals and Discharges, by Sex

North Shore

No. of Detox Discharges in 1987/88	MALES				FEMALES				TOTAL			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	363	77.6	422	77.3	59	73.7	59	50.9	422	77.2	422	57.9
2	75	16.1	150	24.5	12	15.0	24	20.7	87	15.9	174	23.9
3	18	3.9	54	8.8	5	6.3	15	12.9	23	4.2	69	9.5
4 or more	11	2.4	45	7.4	4	5.0	18	15.5	15	2.7	63	8.7
TOTAL	**467**	**100.0**	**612**	**100.0**	**80**	**100.0**	**116**	**100.0**	**547**	**100.0**	**728**	**100.0**

Table 7

Number of Clients in Inpatient Treatment Programs By Sex

North Shore

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	189	28	217
Inpatient, no detox	167	19	186
Daypatient, no detox	39	5	44
Residential Rehabilitation (Recovery House)			
Inpatient	167	27	194

NOTE: Since clients may attend more than one program, the sum of columns is not equal to the total number of clients in all treatment programs tabulated.

Table 8

Number of Clients, by Sex and Total Contacts, Outpatient Services

North Shore

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Pictou/New Glasgow O.P.D.	468	90	558	5,365
Amherst O.P.D.	199	28	227	2,055
Antigonish O.P.D.	176	30	206	1,987
Truro O.P.D.	316	56	372	2,089

Table 9

Detox Utilization: Number of Individuals and Discharges, by Sex

Metropolitan/Lunenburg

No. of Detox Discharges in 1987/88	MALES				FEMALES				TOTAL			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	557	75.6	557	53.7	112	78.3	112	63.6	669	76.0	669	55.1
2	109	14.6	218	21.0	29	20.3	58	33.0	138	15.7	276	22.7
3	40	5.4	120	11.6	2	1.4	6	3.4	42	4.8	126	10.4
4 or more	31	4.2	143	13.8	—	—	—	—	31	3.5	143	11.8
TOTAL	**737**	**100.0**	**1,038**	**100.0**	**143**	**100.0**	**176**	**100.0**	**880**	**100.0**	**1,214**	**100.0**

Table 10

Number of Clients In Inpatient Treatment Programs By Sex

Metro/Lunenburg

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	56	19	75
Inpatient, no detox	239	38	277
Daypatient, no detox	38	7	45
Residential Rehabilitation (28-day) Program			
Inpatient	84	19	103

NOTE: Since clients may attend more than one program, the sum of columns is not equal to the total number of clients in all treatment programs tabulated.

Table 11

Number of Clients, by Sex and Total Contacts, Outpatient Services

Metropolitan/Lunenburg

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Central O.P.D.	408	80	488	1,716
Halifax O.P.D.	513	146	659	3,812
Cobequid O.P.D.	198	34	232	866
Bridgewater O.P.D.	217	44	261	1,318
Sheet Harbour O.P.D.	58	15	73	1,549
Musquodoboit O.P.D.	18	116	134	828
Spryfield O.P.D.	162	17	179	705
Lunenburg O.P.D.	13	6	19	104

Table 12

Detox Utilization: Number of Individuals and Discharges, by Sex

Miller Hospital, Valley

No. of Detox Discharges in 1987/88	MALES				FEMALES				TOTAL			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	190	88.3	190	76.6	40	88.9	40	80.0	230	88.5	230	77.2
2	18	8.4	36	14.5	5	11.1	10	20.0	23	8.9	46	15.4
3	6	2.8	18	7.3	—	—	—	—	6	2.3	18	6.0
4 or more	1	0.5	4	1.6	—	—	—	—	1	0.4	4	1.3
TOTAL	**215**	**100.0**	**248**	**100.0**	**45**	**100.0**	**50**	**100.0**	**260**	**100.0**	**298**	**100.0**

Table 13

**Number of Clients, by Sex,
Crosbie House**

Valley

Males	Females	Total
111	29	140
113	32	145

Table 14

**Number of Clients, by Sex and Total Contacts,
Outpatient Services**

Valley

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Kentville O.P.D.	334	83	417	1,883
Middleton O.P.D.	97	24	121	1,269
Windsor O.P.D.	129	22	151	1,125

Table 15

Detox Utilization: Number of Individuals and Discharges, by Sex

Western

No. of Detox Discharges in 1987/88	MALES				FEMALES				TOTAL			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	111	97.4	111	97.4	18	94.7	18	90.0	129	97.0	129	94.2
2	3	2.6	6	5.1	1	5.3	2	10.0	4	3.0	8	5.8
3	—	—	—	—	—	—	—	—	—	—	—	—
4 or more	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	**114**	**100.0**	**117**	**100.0**	**19**	**100.0**	**20**	**100.0**	**133**	**100.0**	**137**	**100.0**

Table 16

Number of Clients In Inpatient Treatment Programs By Sex

Western

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	76	7	83
Inpatient, no detox	65	15	80
Daypatient, no detox	1	—	1

NOTE: Since clients may attend more than one program, the sum of columns is not equal to the total number of clients in all treatment programs tabulated.

Table 17

Number of Clients, by Sex and Total Contacts, Outpatient Services

Western

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Queens O.P.D.	88	49	137	1,089
Digby O.P.D.	163	46	209	2,098
Shelburne O.P.D.	45	16	61	260
Yarmouth O.P.D.	156	34	190	705